

# High Point Housing Rehabilitation Assistance Program - Eligibility Screening Form

(Please note that this is NOT an application. You will be contacted regarding your eligibility. Thank you!)

**PLEASE RETURN FORM TO: City of High Point, CD&H, P. O. Box 230, High Point, NC 27261 OR 336-883-3355 (Fax)**

Date Screening Form Completed: \_\_\_\_\_ How did you learn about our programs? \_\_\_\_\_

## Applicant Data

I am applying as a (or applying on behalf of a)... ☐ Homeowner/Owner-Occupant

Name of Applicant: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Name of Co-Applicant: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Mailing Address of Applicant: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_

Contact Person (if different from Applicant): \_\_\_\_\_ Phone: \_\_\_\_\_

## Property Data

Is the property address different from the mailing address of the applicant: ☐ Yes ☐ No

Property Address (if different): \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

List items in the home that need rehabilitation/adding (e.g., roof, windows, plumbing, handicap ramp, etc.):  
\_\_\_\_\_

Was the property built prior to 1978? ☐ Yes ☐ No How many people live in the home? \_\_\_\_\_

At least one member of the household is: ☐ Aged 62 or older ☐ Handicapped/Disabled ☐ Veteran – not dishonorably discharged

Do you have any children with an elevated blood lead level (<10µg/dl)? ☐ Yes ☐ No

## Income Data

Does the income of your household fall into one of the income ranges given in the table to the right (*Choose only one*\*):

☐ 30% ☐ 50% ☐ 80%

### Maximum Income per Category – 2016\*\*

Family Size	30% AMI	50% AMI	80% AMI
1	\$11,900	\$19,850	\$31,750
2	\$16,020	\$22,700	\$36,300
3	\$20,160	\$25,550	\$40,850
4	\$24,300	\$28,350	\$45,350
5	\$28,440	\$30,650	\$49,000
6	\$32,580	\$32,900	\$52,650
7	\$35,200	\$35,200	\$56,250
8	\$37,450	\$37,450	\$59,900

\* As an example, if the total household income for a family of four is \$25,000, they would qualify in the 50% AMI category (income is between \$24,300 and \$28,350 per year).

\*\* The income limits for the Urgent Repair Program are different and if they are higher, will be used to determine eligibility for that program.

## FOR CITY OF HIGH POINT USE ONLY:

Revision Date: May 2016

Eligible: ☐ Yes ☐ No ☐ CTP ☐ URP ☐ CDBG-ERP ☐ CHS ☐ Weatherization ☐ OTHER \_\_\_\_\_